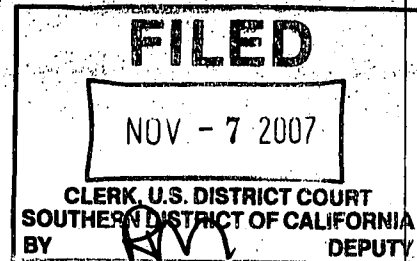


2254	✓	1983
FILING FEE PAID		
Yes	✓	No
IFP MOTION FILED		
Yes	✓	No
COPIES SENT TO		
Court	✓	ProSe

NAME *Salvador Solorio Muniz*PRISON NUMBER *# 02611-298*

CURRENT ADDRESS OR PLACE OF CONFINEMENT

MCC San Diego
808 Union St. San Diego CA 92101
 CITY, STATE, ZIP CODE



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

SALVADOR SOLORIO MUNIZ
2739 K St San Diego CA 92102
 (FULL NAME OF PETITIONER)

PETITIONER

Ms. Paula M. Jarneck (warden)
Metropolitan Correctional Center
808 Front St. San Diego CA 92101
 (NAME OF WARDEN, SUPERINTENDENT, WARDEN, OR AUTHORIZED
 PERSON HAVING CUSTODY OF PETITIONER [E.G., DIRECTOR OF THE
 CALIFORNIA DEPARTMENT OF CORRECTIONS])

RESPONDENT

and

The Attorney General of the State of
 California, Additional Respondent.

Civil No. **'07CV 2140IEG JMA**
 (TO BE FILLED IN BY CLERK OF U.S. DISTRICT COURT)

PETITION FOR WRIT OF HABEAS CORPUS

UNDER 28 U.S.C. § 2254
 BY A PERSON IN STATE CUSTODY

1. Name and location of the court that entered the judgment of conviction under attack:
MCC SAN DIEGO, CA
2. Date of judgment of conviction: *Pending*
3. Trial court case number of the judgment of conviction being challenged:
Pending
4. Length of sentence: *36 months*

5. Sentence start date and projected release date.

Pending

6. Offense(s) for which you were convicted or pleaded guilty (all co.

" illegal entries "

7. What was your plea? (CHECK ONE)

- (a) Not guilty ☐
 (b) Guilty ☒
 (c) Nolo contendere ☐

8. If you pleaded not guilty, what kind of trial did you have? (CHECK ONE)

- (a) Jury ☐
 (b) Judge only ☒

9. Did you testify at the trial?

☐ Yes ☒ No

DIRECT APPEAL

10. Did you appeal from the judgment of conviction in the California Court of Appeal?

☐ Yes ☒ No

11. If you appealed in the California Court of Appeal, answer the following:

(a) Result:

☒ (b) Date of result (if known):

PENDING

(c) Case number and citation (if known):

(d) Names of Judges participating in case (if known):

(e) Grounds raised on direct appeal:

12. If you sought further direct review of the decision on appeal by the California Supreme

Court (e.g., a Petition for Review), please answer the following:

☒ (a) Result:

(b) Date of result (if known):

Pending

(c) Case number and citation (if known):

(d) Grounds raised:

13. If you filed a petition for certiorari in the United States Supreme Court, please answer the following with respect to that petition:

(a) Result:

(b) Date of result (if known):

(c) Case number and citation (if known):

Pending

(d) Grounds raised:

COLLATERAL REVIEW IN STATE COURT

14. Other than a direct appeal from the judgment of conviction and sentence, have you previously filed any petitions, applications, or motions (e.g., a Petition for Writ of Habeas Corpus) with respect to this judgment in the California Superior Court?

☐ Yes ☒ No

15. If your answer to #14 was "Yes," give the following information:

(a) California Superior Court Case Number (if known):

(b) Nature of proceeding: 6

Pending

(c) Grounds raised:

(d) Did you receive an evidentiary hearing on your petition, application or motion?

☒ Yes ☐ No

(e) Result:

Pending

(f) Date of result (if known):

16. Other than a direct appeal from the judgment of conviction and sentence, have you previously filed any petitions, applications, or motions (e.g., a Petition for Writ of Habeas Corpus) with respect to this judgment in the California Court of Appeal?

☐ Yes ☒ No

17. If your answer to #16 was "Yes," give the following information:

(a) California Court of Appeal Case Number (if known):

(b) Nature of proceeding:

Pending

(c) Names of Judges participating in case (if known)

(d) Grounds raised:

(e) Did you receive an evidentiary hearing on your petition, application or motion?

☐ Yes ☒ No

(f) Result:

(g) Date of result (if known):

18. Other than a direct appeal from the judgment of conviction and sentence, have you previously filed any petitions, applications, or motions (e.g., a Petition for Writ of Habeas Corpus) with respect to this judgment in the California Supreme Court?

☐ Yes ☒ No

19. If your answer to #18 was "Yes," give the following information:

(a) California Supreme Court Case Number (if known):

(b) Nature of proceeding:

(c) Grounds raised:

(d) Did you receive an evidentiary hearing on your petition, application or motion?

☐ Yes ☒ No

(e) Result:

Pending

(f) Date of result (if known):

20. If you did *not* file a petition, application or motion (e.g., a Petition for Review or a Petition for Writ of Habeas Corpus) with the California Supreme Court, containing the grounds raised in this federal Petition, explain briefly why you did not:

COLLATERAL REVIEW IN FEDERAL COURT

21. Is this your first federal petition for writ of habeas corpus challenging this conviction?

☐ Yes ☒ No

(If "YES" SKIP TO #22)

- (a) If no, in what federal court was the prior action filed?

(i) What was the prior case number?

(ii) Was the prior action (CHECK ONE):

Denied on the merits? ☐

Dismissed for procedural reasons? ☐

(iii) Date of decision:

- (b) Were any of the issues in this current petition also raised in the prior federal petition?

☒ Yes ☐ No

- (c) If the prior case was denied on the merits, has the Ninth Circuit Court of Appeals given you permission to file this second or successive petition?

☐ Yes ☒ No

CAUTION:

- **Exhaustion of State Court Remedies:** In order to proceed in federal court you must ordinarily first exhaust your state court remedies as to each ground on which you request action by the federal court. This means that even if you have exhausted some grounds by raising them before the California Supreme Court, you must first present *all* other grounds to the California Supreme Court before raising them in your federal Petition.
- **Single Petition:** If you fail to set forth all grounds in this Petition challenging a specific judgment, you may be barred from presenting additional grounds challenging the same judgment at a later date.
- **Factual Specificity:** You must state facts, not conclusions, in support of your grounds. For example, if you are claiming incompetence of counsel you must state facts specifically setting forth what your attorney did or failed to do. A rule of thumb to follow is — state who did exactly what to violate your federal constitutional rights at what time or place.

GROUND FOR RELIEF

22. State *concisely* every ground on which you claim that you are being held in violation of the constitution, law or treaties of the United States. Summarize *briefly* the facts supporting each ground. (e.g. what happened during the state proceedings that you contend resulted in a violation of the constitution, law or treaties of the United States.) If necessary, you may attach pages stating additional grounds and/or facts supporting each ground.

(a) **GROUND ONE:**

PENDING !

Supporting FACTS:

Did you raise GROUND ONE in the California Supreme Court?

☐ Yes ☒ No.

If yes, answer the following:

- (1) Nature of proceeding (i.e., petition for review, habeas petition):
- (2) Case number or citation:
- (3) Result (attach a copy of the court's opinion or order if available):

(b) **GROUND TWO:**

Supporting FACTS:

PENDING !

Did you raise GROUND TWO in the California Supreme Court?

☐ Yes ☒ No.

If yes, answer the following:

- (1) Nature of proceeding (i.e., petition for review, habeas petition):
- (2) Case number or citation:
- (3) Result (attach a copy of the court's opinion or order if available):

(c) **GROUND THREE:**

Supporting FACTS:

PENDING !

Did you raise GROUND THREE in the California Supreme Court?

☐ Yes ☒ No.

If yes, answer the following:

- (1) Nature of proceeding (i.e., petition for review, habeas petition):
- (2) Case number or citation:
- (3) Result (attach a copy of the court's opinion or order if available):

(d) **GROUND FOUR:**

Supporting FACTS:

PENDING !

Did you raise GROUND FOUR in the California Supreme Court?

☐ Yes ☒ No.

If yes, answer the following:

- (1) Nature of proceeding (i.e., petition for review, habeas petition):
- (2) Case number or citation:
- (3) Result (attach a copy of the court's opinion or order if available):

23. Do you have any petition or appeal now pending in any court, either state or federal, pertaining to the judgment under attack?

☐ Yes ☒ No

24. If your answer to #23 is "Yes," give the following information:

(a) Name of Court:

(b) Case Number:

(c) Date action filed:

(d) Nature of proceeding:

(e) Name(s) of judges (if known):

(f) Grounds raised:

(g) Did you receive an evidentiary hearing on your petition, application or motion?

☐ Yes ☒ No

25. Give the name and address, if known, of each attorney who represented you in the following stages of the judgment attacked herein:

(a) At preliminary hearing

(b) At arraignment and plea

(c) At trial

(d) At sentencing

(e) On appeal

(f) In any post-conviction proceeding .

(g) On appeal from any adverse ruling in a post-conviction proceeding:

CO. DEFENDER ATTORNEY
"SHAFER MOORE"
225 Broadway Ste. 900 San Diego, CA
SAME AS ABOVE 92101
619-234-8467

(PENDING ON SENTENCING)

26. Were you sentenced on more than one count of an indictment, or on more than one indictment, in the same court and at the same time?

☐ Yes ☒ No

27. Do you have any future sentence to serve after you complete the sentence imposed by the judgment under attack?

☐ Yes ☒ No

(a) If so, give name and location of court that imposed sentence to be served in the future:

(b) Give date and length of the future sentence: 11-19-07

(c) Have you filed, or do you contemplate filing, any petition attacking the judgment which imposed the sentence to be served in the future?

☐ Yes ☒ No

28. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 2254 habeas cases filed in this district, the parties may waive their right to proceed before a district judge and consent to magistrate judge jurisdiction. Upon consent of all the parties under 28 U.S.C. § 636(c) to such jurisdiction, the magistrate judge will conduct all proceedings including the entry of final judgment. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to consent to a magistrate judge as it will likely result in an earlier resolution of this matter. If you request that a district judge be designated to decide dispositive matters, a magistrate judge will nevertheless hear and decide all non-dispositive matters and will hear and issue a recommendation to the district judge as to all dispositive matters.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including the entry of final judgment, by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

" Pending "

!

29. Date you are mailing (or handing to a correctional officer) this Petition to this court:

Wherefore, Petitioner prays that the Court grant Petitioner relief to which he may be entitled in this proceeding.

SIGNATURE OF ATTORNEY (IF ANY)

I declare under penalty of perjury that the foregoing is true and correct. Executed on

10-24-07

(DATE)

Salvador Sobrio Jr.

SIGNATURE OF PETITIONER

CONSULADO GENERAL DE MÉXICO EN SAN DIEGO

SDI- 002985

Asunto: Salvador Solorio Muniz



SECRETARÍA DE
RELACIONES EXTERIORES

SRE

San Diego, California, August 6th, 2007.

Ms. Paula M. Jarnecke
Warden
Metropolitan Correctional Center
808 Front Street
San Diego CA. 92101

Ref: Salvador Solorio Muniz (reg.num. 02611-298)

I would like to inform you that on July 26, 2007, personnel from this Consulate General visited Mexican National Salvador Solorio Muniz (reg.num. 02611-298), who is an Inmate at Metropolitan Correctional Center M.C.C..

Mr. Salvador Solorio stated that he has submitted several requests in order to obtain medical attention. He claims that even though he has been seen by the Doctor of that detention facility, he has a probable problem in his back, he suffers a lot of pain when he walks and other health problems.

We are always concerned about the physical wellbeing of Mexican nationals who are incarcerated at the detention facilities in our jurisdiction. With this in mind, we respectfully request that Mr. Salvador Solorio could be examined in order to determine if his condition requires specialized medical attention, hospitalization or surgery.

Sincerely,

Luis Cabrera C.
Consul General

MC/ve

C.c.p.

Salvador Solorio Muniz. g. Num. 02611-298 Metropolitan Correctional Center

1549 India Street, San Diego, California, 92101
Tel. (619) 231-6634
(619) 231-3847

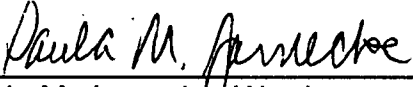
RESPONSE TO ADMINISTRATIVE REMEDY NO. 461893-F1

This is in response to your Request for Administrative Remedy, received on August 6, 2007, wherein you seek immediate medical attention. Specifically, you report severe back pain and that you have trouble walking.

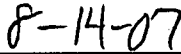
A review of your medical records reveals that you have been evaluated by the Health Services Staff on several occasions. You have been diagnosed as having a left central disc protrusion (herniated disc). You were last seen and examined for your condition on June 28, 2007, by the Mid-Level Practitioner who explained to you the status of your back. Additionally, you were prescribed with anti-inflammatory medication to control your pain. You were seen by the Orthopedic specialist on May 4, 2007, who ordered tests including CT Scan, bone biopsy, and a bone scan. You were also sent out to Alvarado Hospital on July 23, 2007, where X-rays was done and you were kept overnight for observation. You have been scheduled with the specialist for further evaluation and treatment.

The Health Services Department will continue to monitor your condition. There is no evidence to support your claim that your medical issues are not being addressed.

Therefore, your Request for Administrative Remedy is denied. If you are not satisfied with this response, you may submit an appeal on the appropriate form (BP-10) to the Regional Director within twenty (20) days of the date of this response.



Paula M. Jarnecke, Warden



Date

BP-A148.055

SEP 98

INMATE REQUEST TO STAFF

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medical Staff	DATE: 6-13-07
FROM: SALVADOR SOLORIO MUNIZ	REGISTER NO.: 02611-298
WORK ASSIGNMENT: N/A	UNIT: 12-2-1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I was taken to the hospital on 4-30-07 and released on 5-4-07. A few M.R.I's, "X Rays" were taken. I returned on 5-16-07 for another set of X.Rays of my lower back, and returned here the same day. I am requesting a copy of the results and or evaluation released by the hospital. I am continually experiencing extreme lower back pain as well as pain in my left leg, also numbness of my right leg. I thank you for your attention.

(Do not write below this line)

DISPOSITION:

you will be scheduled for
MD visit.

Signature Staff Member <i>Shay Rleyba</i>	Date 6/21/07
Record Copy - File; Copy - Inmate (This form may be replicated via WPI)	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

APPOINTMENT/CITA

SOLARIO

Name (Nombre)

* 02611-298

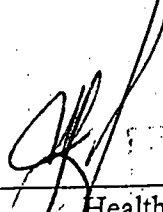
Register Number (Numero de Registro)

* 12

Floor/Piso

Appt/Cita 8/3/07

Medical Dental


 RAFAEL ARUAGA, M.D.
 SAN DIEGO
 Health Care Provider

* All areas with asterisk (*) needs to be fully completed..

* Todas las arias con asterisco (*) necesitan estar completadas.

7.26.7

Lo puse como emergencia que me dolia mucho la cabeza y me salio sangre del oido izquierdo.
 Resibi un golpe en la cabeza, a causa de mi accidente en las escaleras el dia 7-23-07
 I Had To Put A Emergency Because I Had A BAD HEAD PAIN and ALSO BLOOD FROM MY EAR CAME OUT. Because the accident 7-23-07 this day.

APPOINTMENT/CITA

* SOLARIO

Name (Nombre)

* 02611-298

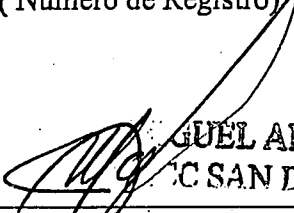
Register Number (Numero de Registro)

* 12

Floor/Piso

Appt/Cita 7-10-7

Medical / Dental


 RAFAEL ARUAGA, M.D.
 SAN DIEGO
 Health Care Provider

* All areas with asterisk (*) needs to be fully completed..

* Todas las arias con asterisco (*) necesitan estar completadas.

6/21/07

Lo puse como emergencia para mirar el doctor por que me dolia mucho la espalda, y cuando me miro la doctora SUSANA DURBIN M.D. me dijo que comprara medicina en la tienda.
 I put A Emergency medical Request Because I Had A Verry Bad Pain in my BACK, and when I seeing the Doctor SUSANA DURBIN M.D. she Told me TO Buy Medication From the Store.

APPOINTMENT/CITA

* SOLORIO
Name (Nombre)

* 02611-29
Register Number (Numero de Registro)

* 10
Floor/Piso

Appt/Cita 9/24 Medical / Dental

MIGUEL AHUAGE, MLF
MCC SAN DIEGO

Health Care Provider

- * All areas with asterisk (*) needs to be fully completed..
- * Todas las arias con asterisco (*) necesitan estar completadas.

APPOINTMENT/CITA

* SOLORIO
Name (Nombre)

* 02611-298
Register Number (Numero de Registro)

* 12
Floor/Piso

Appt/Cita 8-3- Medical / Dental

J. VILLASENOR, MLP
MCC SAN DIEGO

Health Care Provider

- * All areas with asterisk (*) needs to be fully completed..
- * Todas las arias con asterisco (*) necesitan estar completadas.

7-19-07 FUSE ON AUTO ~~de~~ para el doctor
de EMERGENC'AS que me cheke mucho la espalda
7-19-07

ON THIS DATE 7-19-07 I PUT A MEDICAL REQUEST
TO SEE THE DOCTOR FOR HEAD ACK and BACK PAIN

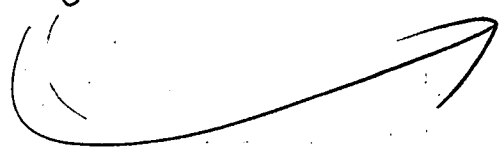
This medication to control my back pain
from Orthopedic specialist
(6655-Avarado Hospital)
San Diego, Ca.

21 Tablets

8-31-07

Unit of Use

MethylPREDNISolone Tablets, USP



Solorio Munis
Salvador
02611-248
8-17-62

PHARMACEUTICALS

She is my
Attorney →

**FEDERAL
DEFENDERS
OF
SAN DIEGO,
INC.**

The Federal Community
Defender Organization
for the Southern
District of California

SHAFFY MOEEL
Trial Attorney

NBC Building
225 Broadway, Suite 900
San Diego, California 92101-5030

(619) 234-8467
(619) 687-2666 Fax
E-mail: Shaffy_Moeel@fd.org

MEDICAL REPORT OF DUTY STATUS

NAME

SOLORIO Muniz Salvador

HOSPITAL REGISTRATION NO.

02611-298

ADDRESS

L

INPATIENT

INCLUSIVE DATES OF TREATMENT

From:

Through:

OUTPATIENT

DATE

TIME ARRIVED

TIME DEPARTED

MAY 31 2007

1000

A.M./P.M.

1100

A.M./P.M.

Can resume usual
occupation

DATE

Can perform limited duties
as specified under REMARKS

DATE

DISPOSITION

To return
to clinic

DATE

To be
hospitalized

DATE

OTHER (Specify)

REMARKS

Lower Bunk for
Medical Resin

NAME AND LOCATION OF HOSPITAL OR CLINIC

METROPOLITAN CORRECTIONAL CENTER

808 UNION ST.
SAN DIEGO CA. 92101

SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN

DATE

[Signature]

MIGUEL AHUAGE, MD
CC SAN DIEGO

MAY 31 2007

IHS-131 (1/89)

Dr: 4

*U.S. GOVERNMENT PRINTING OFFICE: 1992-335-307

MEDICAL REPORT OF DUTY STATUS

NAME

Solorio, SAWADOR

HOSPITAL REGISTRATION NO.

02611-298

ADDRESS

INPATIENT

INCLUSIVE DATES OF TREATMENT

From:

JUL 2 4 2007

Through:

Until further notice

OUTPATIENT

DATE

TIME ARRIVED

TIME DEPARTED

DISPOSITION

Can resume usual
occupation

DATE

Can perform limited duties
as specified under REMARKS

A.M./P.M.

DATE

To return
to clinic

DATE

To be
hospitalized

DATE

OTHER (Specify)

No recumbency, no lifting more
than 5 lbs

REMARKS

NAME AND LOCATION OF HOSPITAL OR CLINIC

METROPOLITAN CORRECTIONAL CENTER
808 UNION ST.
SAN DIEGO CA. 92101

SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN

SUSANA DURBIN, MLP
MCC-SAN DIEGO

DATE

JUL 2 4 2007

IHS-131 (1/89)

11:45 AM TO 2:45 PM

DK: 4

U.S. GOVERNMENT PRINTING OFFICE: 1992-335-307

MEDICAL REPORT OF DUTY STATUS

NAME		Solorio Muniz Sared		HOSPITAL REGISTRATION NO.		02611-291	
ADDRESS							
J							
INPATIENT	INCLUSIVE DATES OF TREATMENT						
	From:		Through:				
OUTPATIENT	DATE	TIME ARRIVED		TIME DEPARTED			
	AUG 31 2007	1600 A.M./P.M.		1730		A.M./P.M.	
DISPOSITION	Can resume usual occupation		DATE		Can perform limited duties as specified under REMARKS		DATE
	To return to clinic		DATE		To be hospitalized		DATE
	OTHER (Specify)						

REMARKS

Please allow the use of one
Crutch for support.

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
METROPOLITAN CORRECTIONAL CENTER 808 UNION ST. SAN DIEGO CA. 92101	GOELAHUAG, M. CC SAN DIEGO	AUG 31 2007

Part A—REASON FOR APPEAL Since my arrival here to this institution I feel that my life has changed a lot. I live daily with severe lower back pain. I've had a number of medical MRI exams at Alvarado Hospital and 'till this day no-one has spoken to me regarding the results. Everyday I am in severe pain, I am not able to walk right, or sit or stand up for long periods of time. And sometimes I can't even sleep at night. I strongly feel and believe that Dr's Camagay; Susan Durbin; Villaseñor; and Miguel Ahuaga don't want to help me. I have also requested copies of my medical records so that I may know the problems with my lower-back and 'till this day I haven't recieved anything. I feel like I'm getting the run-around. I really don't know what to do. That's why I am finally addressing you guys, to see if you could help me.

8-27-07

DATE

Salvador Solorio Sr.

SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

USP LVN: _____
DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
APRIL 1982

to:

JARNECKE - WARDEN S.D. MCC.

7-25-07

I RECENTLY ATTEMPTED TO TURN IN A B.P.R. TO
COUNSELOR RUTLEDGE. HE REFUSED TO ACCEPT IT. THE
REASON FOR THE B.P.R. IS MEDICAL NEGLIGENCE AND
ALSO TO REPORT THE PAIN & SUFFERING AND MENTAL
ANXIETY I AM GOING THROUGH DUE TO INAPPROPRIATE
MEDICAL CARE. AS I UNDERSTAND IT, THE FLOOR COUNSE-
LOR IS SUPPOSED TO HANDLE THIS MATTER. IF NOT
HIM, WHO? WHAT AM I TO DO. I BROUGHT THIS
MATTER TO R. WILLIAMS'S ATTENTION ALSO ONLY TO
, (UNIT MANAGER),

BE TOLD THERE IS NOTHING HE CAN DO ABOUT IT. MY
QUESTION TO YOU IS, WHAT CAN BE DONE ABOUT THIS?
I AM SEEKING LEGAL ACTION AS WE SPEAK. THANK YOU
FOR YOUR PROMPT RESPONSE.

Salvador Sobrio M. #02611-298

7-25-

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008 EXPIRES 4-30-88	
1. Submit To Appropriate Federal Agency: <i>Regional Director WESTERN REGIONAL OFFICE (FROD) 7950 Dublin Blvd 3rd Floor Dublin, CA 94568</i>		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) <i>Munir Salvador Solano 02611-298 M.C.E. 808 Union St San Diego, CA 92101</i>			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <i>06-17-62</i>	5. MARITAL STATUS <i>Married</i>	6. DATE AND DAY OF ACCIDENT <i>4-30-07 / 7-23-07</i>	7. TIME (A.M. OR P.M.) <i>2:15 & 9:10</i>	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) <i>UNJUSTICE/ ADMINISTRATIVE REMEDY # 461993-F1</i>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) <i>N/A</i>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) <i>N/A</i>					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. <i>I have an collapsed disc in my lower LOWER BACK INJURY, back. Very severe and chronic Pain. terminated amounts of less pain and torch my Bettex. where lot of time unable to sit and stand for an period of time and walk to sleep at rest at painful →</i>					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
<i>Juan Rodriguez 7-23-07</i>		<i>VISTA, CA</i>			
<i>Arturo Cisneros 4-30-07</i>		<i>Tijuana, Mexico</i>			
<i>Ricardo Espinoza 7-23-07</i>		<i>Tijuana, Mexico</i>			
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE <i>N/A</i>	12b. PERSONAL INJURY <i>\$200,000.00</i>	12c. WRONGFUL DEATH <i>N/A</i>	12d. TOTAL (Failure to specify may cause <i>\$200,000.00</i>		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Salvador Solano DM.</i>			13b. Phone number of signatory <i>(619) 232-4311</i>	14. DATE OF CLAIM <i>11-24-07</i>	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000. plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

50-107

Previous editions not usable.

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

P.S. I'm need of INVASIVE SPINE SURGERY 11.01.08

BP-A148.055

SEP 98

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records. MR. LEYVA</i>	DATE: <i>8-24-07</i>
FROM: <i>Salvador Sabrio Muñoz</i>	REGISTER NO.: <i>02611-298</i>
WORK ASSIGNMENT: <i>N/A</i>	UNIT: <i>J-6-3C</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

On May 16-07, July 9-07, and July 23-07 I had some "M.R.I." medical exams done to me at Alvarado Hospital and I would like to know the results. Also, if possible I would like to get copies of them and all else that pertains to my lower-back injury that is in my medical file.

Thank you!!!

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
------------------------	------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

BP-A148.055

INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) NELLIE KLEIN: Attorney	DATE: 8-21-07
FROM: SALVADOR SOLORIO MUNIZ	REGISTER NO.: 02611-298
WORK ASSIGNMENT: N/A	UNIT: J-6-3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action be taken. If necessary, you will be interviewed in order to successfully respond to your request.)

On July 25, 2007 at approx. 3:20pm, I Salvador Sol gave a BP 8 form and a clothing exchange request to Mr. Rutledge, he is the counselor in the 12th floor. I asked with a lot of respect that if he could please help me. In a disrespectful and mean way he answered me. (saying "he would not do shit") were his exact words. Ms. Spikes and MR Williams were present and did not do nothing about it. I told him I will notify my attorney he said he did not care. Now I'm not respecting him but I fear him do too my safety here in gen. I feel terrified of him when ever I see him. Thank You

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
------------------------	------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION

SDC 1330.13B

10/05/99

Attachment A

ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Be advised that, before filing a Request for Administrative Remedy Form BP-229, you shall attempt to informally resolve your complaint through your Correctional Counselor. Briefly state the complaint below, and list what efforts you have made to resolve your complaint informally, stating names of staff contacted.

This Informal Resolution was issued by the Correctional Counselor on 10-1-07 and returned to the Counselor on 10-2-07.
Date Date

Inmate's Name: SOLDRID, SALVADOR Reg. No.: 02611/298 Unit: J63

1. Complaint: I SOLDRID #02611298 REPORTED ON 9-29-07 AT 8:50PM TO OFFICER "E. NEKI" THAT I HAD A LOWERBACK PAIN AND THAT MY LEFT LEG WAS COMING OUT ON ME. OFFICER "E. NEKI" ADVISED DOC. FREIRAS BUT DOC. "FREIRAS" RESPONDED BY SAYING "DON'T PAY NO ATTENTION HE AINT GOING TO DIE IF PAIN" ON 10-1-07 TODAY AT AROUND 11:00AM 11:30AM I HAD AN ACCIDENT I FELL BECAUSE OF MY PAIN AND I FEEL LIKE I REALLY CANT TAKE THIS PAIN BUT DOCTORS ALWAYS RESPOND WITH NO CARE OR INTEREST IN WANTING TO HELP.

2. Efforts made to informally resolve and names of staff contacted: _____

Soldrido, Salvador DM 02611-298 10-1-07
Inmate's Signature Inmate's Reg. No. Date

CORRECTIONAL COUNSELOR'S COMMENTS

1. Efforts made to informally resolve and names of staff contacted: _____

Date (informally resolved) or (BP-229) issued (circle one) _____

Correctional Counselor's Signature _____ Date _____

Unit Manager's Review/Signature _____ Date _____

DISTRIBUTION

- 1). If complaint is informally resolved, forward original to the Unit Team for record keeping and provide a copy to the inmate.
- 2). If complaint is not informally resolved, forward original, attached to BP-229 form, to the Warden's Secretary.

10/4/07!
MR. T JACOBI CASE MANGT.

HE REFUSE TO SIGN IT

Federal Bureau of Prisons

Central Office Administrative Remedy Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments, must be submitted with this appeal.

From: MUNIZ SALVADOR SOLARIO 02611-298 J-6-3 M.C.C. SD
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL I SALVADOR SOLARIO MUNIZ #02611-298
I ALSO FEEL I HAVE NOT RECEIVED APPROPRIATE MEDICAL
CARE, I'M RESPECTFULLY SENDING YOU THIS LETTER TO
ASK YOU FOR YOUR HELP. I BEEN HAVING A LOWER BACK
PROBLEM AND I'M ALWAYS IN A LOT OF PAIN I'VE BEEN
ASKING FOR MEDICAL ATTENTION. BUT I HAVEN'T RECEIVED
IT. I ALSO REQUEST FOR MY MEDICAL RECORDS. AND
THAT TURN ME DOWN. MEDICAL STAFF, MR. LEYVA DOES NOT
WANT TO PROVIDE ME WITH ANY INFORMATION. NOW I COME
TO YOU AS MY LAST RESOURCE FOR HELP, ALL I NEED IS MEDICAL
ATTENTION. AND MY MEDICAL RECORDS PLEASE HELP ME IN ANYTHING
THAT IS ON YOUR REACH
THANK YOU
10-25-07
DATE
Respectfully,
SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

TO: P.M. JARNECKE - WARDEN

SB MCC

7-28-07

ALSO FEEL I HAVE NOT RECIEVED APPROPRIATE MEDICAL CARE BECAUSE DR. CAMAGAY TOLD ME I AM A LIAR. SUSAN DURBIN TOLD ME TO BUY MY OWN MEDICATION. VILLASENOR TOLD ME HE'S NOT GOD AND HE COULD NOT TELL ME MY ALLMENT. MR. MIGUEL AMARANTE DO NOTHING FOR ME. PHYSICALLY AND MENTALLY, I AM EXHAUSTED. I CANT SLEEP. I CANT EAT.

WHEN I ATTEMPTED TO BRING THIS MATTER TO COUNSELOR BUTLER I WAS RECIEVED WITH THREATS AND INTJUSTICES. HE YELLED AT ME IN AN AGGRESIVE MANNER TO THE POINT WHERE I NOW FEAR FOR MY LIFE EVERYTIME I SEE HIM. I AM AT MY WITS END. HAVE TRIED ALL THE PROPER CHANNELS TO NO AVAIL. I ASK MYSELF WHAT NEEDS TO BE DONE SO THAT I MAY RECEIVE ADEQUATE MEDICAL ATTENTION. MUST I DIE? IT IS IMPERATIVE THAT THE READER UNDERSTAND THE SEVERITY OF THIS SITUATION. I HUMBLY REQUEST AN EXPEDITIOUS RESPONSE.

Edgardo Sobrio M.

02611-298

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MUNIZ SALVADOR SOLORIO 02611-298 10-7-3 MCC-SAN DIEGO
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

MY REQUEST IS FOR IMMEDIATE MEDICAL CARE. I HAVE HAD TWO ACCIDENTS DUE TO MY MEDICAL CONDITION. THE FIRST WAS ON 4-30-07 AND I WAS TAKEN TO THE ALVARADO HOSPITAL FOR 5 DAYS. ON 7-23-07 I FELL FROM THE STAIRS HERE AT M.C.C. SAN DIEGO. THIS CAME ABOUT DUE TO SEVERE BACK PAIN TO THE POINT WHERE I LOST ALL CONTROL OF MY LOWER EXTREMITIES. I FELL FROM THE TOP STEP AND ROLLED ALL THE WAY TO THE BOTTOM CAUSING MY NOSE AND MOUTH TO BLEED PROFUSELY. I THOUGHT I WOULD DIE. THE FALL CAUSED ME GREAT MENTAL AND PHYSICAL ANGUISH. I HAVE SUBMITTED MEDICAL REQUESTS IN THE PAST DUE TO MY LOWER BACK AND I HAVE BEEN TAKEN TO ALVARADO HOSPITAL BUT UP TO THIS DAY I HAVE NOT RECEIVED ANY MEDICAL TREATMENT BECAUSE OF MY BACK. I HAVE NOT EVEN BEEN TOLD WHAT MY CONDITION IS. I FEEL I AM IN CRITICAL CONDITION. I CANT EVEN WALK DUE TO THE PAIN AND SUFFERING.

7-29-07

DATE

Salvador Solorio M.
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

October 6th, 2007

Dear Honorable Judge
Sr. Barry T. Moskowitz,

With all due respects I come to you to ask for your help, since I can't find any help here.

My name is Salvador Solorio Muniz #02611-298, I have a huge medical problem with my Lower back, I have excruciating pains that paralyze me at time's.

On 04/30/07 I fell on the floor because my Lower back gave way, and I could not walk. I was admitted to Alvarado Hospital for 5 days.

On 07/23/07 There was another accident when I was walking down the stairs.

I felt a sharp pain really strong and I lost control of my legs and I went falling down the stairs and I bumped my head terribly hard when I landed. They took me to Alvarado just for a few hours and told me they could not do anything for me, and gave me an injection of Morphin.

On 07/25/07 at 3:20 pm I filled out a BP 228 to the counster Mr. Rutledge from the 12th floor asking for help with all due respects. And Mr. Rutledge told me he would not help me, (yelling at me) and to tell my Lawyer "Chaffey Moel" and also that it was not important to him. This was said in

the presence of Unit Manager - Mr. Rick Williams and Mrs. Spikes the case manager/Attorney of M.C.C.

On 04/30/07 the doctor Camagay told me I was a liar and there was nothing wrong with me.

On 07/10/07 The doctor Susana Durbin told me to buy pain killers in Commissary.

On 07/24/07 The doctor J. Villasenor told me he was not God to tell me what was wrong with me.

On 07/29/07 08:00 hrs. I went on a food strike because they wouldn't give me any medical attention at 1050 hrs. Mr. McManus - LT. came to speak with me about my not eating. So I told him about my problems and my back pains. LT. McManus told me he did not now of any of the problems, and he would find a solution. LT. McManus never responded or helped me.

On 09/29/07 I reported to C/O NERI that I was in dying pain and he called doctor "Freiras" and the doctor told him not to pay attention to me that I won't die.

On 09/30/07 at 11:30 hrs. limping to lunch I had an accident I fell cause my lower back gave out and I fell to the floor.

In the last 3 month's I have send various cop-outs or "inmate request-

to staff" to medical records and Mr. Leyva asking for copies of my medical records and they just neglect me.

All these problems I have reported to the Warden P. M. Jarnecke and also with Mrs. Nellie Klein (P.C.C. - ATTORNEY) Your Honorable Judge I really feel physically and mentally tired, I can't sleep and sometimes I don't eat. Please help me so I can have surgery on my lower back. I just want the appropriate attention for my pain, Sir you do not now how much I regret coming to this country it was a big mistake. All I have encountered is discrimination and no help for my lower back problem. And I promise I will never come back to this country again and not even if I was offered all the gold in the world. Thank you very much for your time and attention and I apologize for bringing you my problems. God Bless you

Sincerely,
Salvador Sobrino M. 02611-298

AND WHEN RECORDED MAIL TO:

NAME

STREET
ADDRESS

CITY, STATE &
ZIP CODE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

POWER OF ATTORNEY - GENERAL [includes optional DURABLE POWER OF ATTORNEY]

KNOW ALL PERSONS BY THESE PRESENTS: That I,

SALVADOR SOLORIO MUÑIZ

the undersigned (jointly or severally, if more than one) hereby make, constitute and appoint MRS. MARIA E. MUÑIZ
AS MY MOTHER AND,

my true and lawful Attorney for me and in my name, place and stead and for my use and benefit:

(a) To ask, demand, sue for, recover, collect and receive each and every sum of money, debt, account, legacy, bequest, interest, dividend, annuity and demand (which now is or hereafter shall become due, owing or payable) belonging to or claimed by me, and to use and take any lawful means for the recovery thereof by legal process or otherwise, and to execute and deliver a satisfaction or release therefor, together with the right and power to compromise or compound any claim or demand;

(b) To exercise any or all of the following powers as to real property, any interest therein and/or any building thereon: To contract for, purchase, receive and take possession thereof and of evidence of title thereto; to lease the same for any term or purpose, including leases for business, residence, and oil and/or mineral development; to sell, exchange, grant or convey the same with or without warranty; and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement;

(c) To exercise any or all of the following powers as to all kinds of personal property and goods, wares and merchandise, choses in action and other property in possession or in action: To contract for, buy, sell, exchange, transfer and in any legal manner deal in and with the same, and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement.

(d) To borrow money and to execute and deliver negotiable or non-negotiable notes therefor with or without security; and to loan money and receive negotiable or non-negotiable notes therefor with such security as he/she shall deem proper;

(e) To create, amend, supplement and terminate any trust and to instruct and advise the trustee of any trust wherein I am or may be trustor or beneficiary; to represent and vote stock, exercise stock rights, accept and deal with any dividend, distribution or bonus, join in any corporate financing, reorganization, merger, liquidation, consolidation or other action and the extension, compromise, conversion, adjustment, enforcement or foreclosure, singly or in conjunction with others of any corporate stock, bond, note, debenture or other security; to compound, compromise, adjust, settle and satisfy any obligation, secured or unsecured, owing by or to me and to give or accept any property and/or money whether or not equal to or less in value than the amount owing in payment, settlement or satisfaction thereof;

(f) To transact business of any kind or class and as my act and deed to sign, execute, acknowledge and deliver any deed, lease, assignment of lease, covenant, indenture, indemnity, agreement, mortgage, deed of trust, assignment of mortgage or of the beneficial interest under deed of trust, extension or renewal of any obligation, subordination or waiver of priority, hypothecation, bottomry, charter-party, bill of lading, bill of sale, bill, bond, note, whether negotiable or non-negotiable, receipt, evidence of debt, full or partial release or satisfaction of mortgage, judgment and other debt, request for partial or full reconveyance of deed of trust and such other instruments in writing or any kind or class as may be necessary or proper in the premises.

(g) [Strike if not applicable.] This Power of Attorney shall not be affected by subsequent incapacity of the principal (and shall remain effective for a period of LIFE years after the disability or incapacity occurs).

(h) [Strike if not applicable.] This Power of Attorney shall become effective upon the incapacity of the principal (and shall remain effective for a period of LIFE years after the disability or incapacity occurs).

(i) If (g) and/or (h) are not struck, the Notice at the top of page 2 applies.

Page 1 of 2

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

THIS FORM IS NOT VALID FOR HEALTH CARE DECISIONS.
(Use Wolcotts Form 1401 for that purpose.)



A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

Your agent (attorney in fact) has no duty to act unless you and your agent agree otherwise in writing.

This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf.

Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.

The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.

This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

GIVING AND GRANTING unto my said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying all that my said Attorney shall lawfully do or cause to be done by virtue of these presents. The powers and authority hereby conferred upon my said Attorney shall be applicable to all real and personal property or interests therein now owned or hereafter acquired by me and wherever situate.

My said Attorney is empowered hereby to determine in his/her sole discretion the time, when, purpose for and manner in which any power herein conferred upon him/her shall be exercised, and the conditions, provisions and covenants of any instrument or document which may be executed by him/her pursuant hereto; and in the acquisition or disposition of real or personal property, my said Attorney shall have exclusive power to fix the terms thereof for cash, credit and/or property, and if on credit with or without security.

When the context so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

WITNESS my hand this 16th day of March, 2007.

X Salvador Solerio M.
X SALVADOR SOLERIO M.

STATE OF California

COUNTY OF San Diego

On March 16, 2007 before me, Louise Evans, Notary Public
(Name, Title of Officer - i.e. "JANE DOE, Notary")

personally appeared Salvador Solerio-Muniz

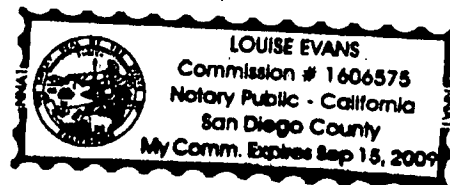
Name of Signer(s)

~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Louise Evans
(Signature of Notary)

(SEAL)



9/11/07 10:28 AM From: Steven Tradonsky MD

Page 2 of 3

Encounter Note by Steven Tradonsky MD (DOS: 08/31/2007)

Solariomuniz, Salvador

45 year old Male (DOB: 08/17/1962)

Chief Complaint:

Onset Date: not entered

SOLORIOMUNIZ, Salvador
08-31-07

02411-298

CHIEF COMPLAINT: Low back pain and left leg pain.**HISTORY OF PRESENT ILLNESS:** Initial evaluation of this 45-year-old male inmate complaining of pain in his low back radiating into his left leg.

He has a history of having had lumbar spinal surgery approximately 5 years ago. He initially did well, but over the past few years, he has noted increasing pain in his low back. Over the past few months, the pain has become much more severe and he currently complains of pain radiating into his left leg, particularly the gluteal area but often below the level of his thigh. He gets minimal relief from pain medication. He denies numbness, but he does feel like his left leg is weak and he has had some episodes where his left leg has buckled underneath him.

PAST MEDICAL HISTORY: His medical history is negative for major medical problems. He denies being HIV positive, although he is hepatitis C positive.

His initial surgery was performed by Dr. Abitbul. (858) 874-2306

PHYSICAL EXAMINATION: He is generally healthy, alert, oriented, and cooperative. He has some tenderness in the lumbar paraspinal muscles. He has severe loss of motion in the lumbar spine. While standing, he can bring his fingertips to only within about 12 or 14 inches of the ground. In the supine position, he has significant pain when I attempt passive straight leg raising on the left side. He gets up only to about 25 to 30 degrees before he experiences severe left gluteal and leg pain.

He has 4/5 strength in knee extension, ankle extension, and plantar flexion. This seems to be limited mainly by pain. I cannot detect a knee reflex or an ankle jerk on the left side.

DIAGNOSTIC STUDIES:

X-RAYS: There were no x-rays available for review. He did have an MRI of his lumbar spine on April 30, 2007. The films are not available for review; however, the report describes a herniated L4-L5 disc contacting the right L5 nerve root with bilateral facet hypertrophy.

In addition, he has a 5 mm left-sided disc herniation displacing the S1 nerve root.

DIAGNOSTIC IMPRESSION: L5-S1 left-sided disc herniation with severe symptoms.

PLAN: I would recommend starting the patient on a Medrol Dosepak. He should get appropriate pain medication, Vicodin or Tylenol with Codeine 1 to 2 tabs q.4h. p.r.n. to control this pain.

I would recommend that he be seen as soon as possible by a neurosurgeon for evaluation for further surgery.

Steven Tradonsky, M.D.

DEBRA LACY, MD

SEP 20 2007

TO: <u>UCSD</u> <u>Neurosurgery</u>	FROM: <u>mpch</u> MELANIE PAREDES, RN, CCHP MCC SAN DIEGO	DATE OF REQUEST: <u>10-12-07</u>
REASON FOR REQUEST (Complaints and findings) <u>Pt seen @ Alvarado by Dr. Jandonsky. Pt has a 5mm</u> <u>left sided disc herniation displacing the S1 nerve root.</u> <u>Recommended neurosurgery eval for possible further</u> <u>surgery. Please schedule for consultation & neurosurgery</u> <u>See attached ortho eval.</u>		
PROVISIONAL DIAGNOSIS <u>L5-S1 (D) side disc herniation & severe symptoms</u>		
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMER.

FOIA/PRIVACY ACT
SENSITIVE

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (Name--last, first, middle; grade; rank; rate; hospital or medical facility)

Name: Solorio - Muniz, Salvador
Reg.No. 02611-298METROPOLITAN CORRECTIONAL CENTER
808 UNION STREET
SAN DIEGO, CA 92101DOB: 8-17-1962

CONSULTATION SHEET MEDICAL RECORD

NKDA.

JS44

(Rev. 07/89)

CIVIL COVER SHEET

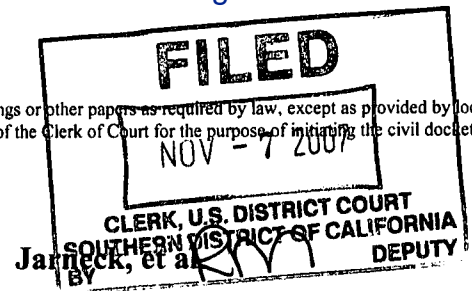
The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

I (a) PLAINTIFFS

Salvador Solorio Muniz

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF San Diego
(EXCEPT IN U.S. PLAINTIFF CASES)

2254	DEPENDENT
FILING FEE PAID	
Yes	No
HPP MOTION FILED	
Yes	No
COPIES SENT TO	
Court	Process
ATTORNEYS (IF KNOWN)	



(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER) Salvador Solorio Muniz
808 Union Street
SD, CA 92101
02611-298

07CV 2140IEG JMA

II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | | | |
|---|---|---|---|
| Citizen of This State | <input type="checkbox"/> 1 <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

28 U.S.C. 2254

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> Marine <input type="checkbox"/> Miller Act <input type="checkbox"/> Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury-Medical Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (13958) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 BSL/405(p) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reappointment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Tort to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input checked="" type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights			

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE

Docket Number

DATE 11/7/2007

SIGNATURE OF ATTORNEY OF RECORD

PAID \$5 11/8/07 BY RCPT#144311

**UNITED STATES
DISTRICT COURT**
SOUTHERN DISTRICT OF CALIFORNIA
SAN DIEGO DIVISION

144311 - BH

**November 08, 2007
11:27:42**

Habeas Corpus

USAO #: 07CV2140 HABEAS FILING

Judge.: IRMA E GONZALEZ

Amount.: \$5.00 MO

Check#: 08-757621826

Total-> \$5.00

**FROM: MUNIZ V. JARNECK
HABEAS CORPUS**